

**L22000454392**

Division of Corporations

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
EL CARRIEL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EL CARRIEL, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

9021 SW 227TH ST.

9021 SW 227TH ST.

UNIT 4

UNIT 4

CUTLER BAY, FL 33190

CUTLER BAY, FL 33190

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CARLOS ALBERTO RESTREPO

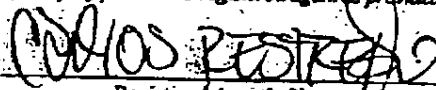
Name

9021 SW 227TH ST. - UNIT 4

Florida street address (P.O. Box NOT acceptable)

<u>CUTLER BAY</u>	<u>FL</u>	<u>33190</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**ARTICLE IV.**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
"AMBR" - Authorized Member  
"MGR" - Manager

**Name and Address:**

<u>MGR</u>	<u>RESTREPO, CARLOS ALBERTO</u> <u>9021 SW 27TH ST. - UNIT 4</u> <u>CUTLER BAY, FL 33190</u>
<u>MGR</u>	<u>RUA VANEGAS, JUAN PABLO</u> <u>9021 SW 27TH ST. UNIT 4</u> <u>CUTLER BAY, FL 33190</u>
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**

X CARLOS RESTREPO

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s. 817.155, F.S.

CARLOS A. RESTREPO JIMENEZ  
Typed or printed name of signer

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